| Effective December 29, 1999   |   |                      |                                   |                                    |   |   |                   |                          |            |                | 09/  | 51        | 866                 | 4                      |
|---|---|----------------------|-----------------------------------|------------------------------------|---|---|-------------------|--------------------------|------------|----------------|--|-----------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |                      |                                   |                                    |   |   |                   |                          |            |                | ENTITY   | OR        | OTHER<br>SMALL      |                        |
| FOR   |   |                      | NUMBER FILED                      |                                    |   | NUMBER EXTRA  |                   |                          | R          | ATE            | FEE  |           | RATE                | FEE                    |
| ВА  | SIC FEE   |                      |                                   |                                    |   |   |                   |                          |            |                | 345.00   | OR        |                     | 690.00                 |
| то  | TAL CLAIMS  |                      | 14 minus 20= *                    |                                    |   |   |                   |                          | X          | 9=             |  | OR        | X\$18=              |                        |
| IND   | EPENDENT CL   | AIMS                 | 2 minus 3 = *                     |                                    |   |   |                   |                          | Х          | 39=            |  | OR        | X78=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |                      |                                   |                                    |   |   |                   |                          | +1         | 30=            |  | OR        | +260=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |   |                      |                                   |                                    |   |   |                   |                          |            | TAL            | <del>                                     </del> | OR        | TOTAL               | 690                    |
| A WDT CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                    |   |                      |                                   |                                    |   |   |                   |                          | SM         | ΔΙΙ            | ENTITY   | OR        | OTHER<br>SMALL      | THAN                   |
| AMENDMENT A   |   | CLA<br>REMA          | IMN 1)<br>AIMS<br>AINING<br>TER   |                                    |   | Column 2) HIGHEST NUMBER REVIOUSLY                      | PRI               | ESENT                    |            | RATE           | ADDI-<br>TIONAL                                  |           | RATE                | ADDI-<br>TIONAL        |
|   |   | AMEN                 | DMENT                             | NT                                 |   | PAID FOR  | ┼                 | EXTRA                    |            |                | FEE  |           |                     | FEE                    |
|   | Total<br>Independent  |                      |                                   | Minus<br>Minus                     | **  | 26  | =                 | 6                        | X          | 9=             |  | OR        | X\$18=              | 8                      |
|   | FIRST PRESE   | L                    | N OF MU                           |                                    |   |   | 1                 | 0                        | X          | 39= ,          |  | OR        | X78=                | 0                      |
|   | AMDT 8-23-04.   |                      |                                   |                                    |   |   |                   |                          | +1         | 30=            |  | OR        | +260=               | 0                      |
|   |   |                      |                                   |                                    |   |   |                   |                          |            | OTAL<br>T. FEE |  | OR        | TOTAL<br>ADDIT. FEE | Ŏ                      |
|   | ( <i>J</i>  | (Colu                | ımn 1)                            |                                    | Column 2)                                   |   |                   |                          |            |                | _  |           |                     |                        |
| AMENDMENT B   | REM<br>A  |                      | AIMS<br>IAINING<br>FTER<br>NDMENT |                                    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |   |                   | PRESENT<br>EXTRA         |            | NTE            | ADDI-<br>TIONAL<br>FEE                           |           | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total   | <u> a</u>            |                                   | Minus                              | **  | 20  | =                 | 0                        | X          | 9=             |  | OR        | X\$18=              |                        |
|   | Independent   | * 3                  |                                   | Minus                              | ***   | <u> </u>  | =                 | 0                        | X          | 39=            |  | OR        | X78=                | 0                      |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |                      |                                   |                                    |   |   |                   |                          |            |                |  | OR        | +260=               | 0                      |
| Ž   |   |                      |                                   |                                    |   |   |                   |                          |            |                |  | OR        | TOTAL<br>ADDIT. FEE |                        |
|   |   |                      |                                   | r. FEE                             |   |   |                   |                          |            |                |  |           |                     |                        |
| AMENDMENT C   |   | CL/<br>REM/<br>AF    | IMN 1) AIMS AINING TER DMENT      |                                    | PF  | Column 2)<br>HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PR                | ESENT                    | R/         | TE             | ADDI-<br>TIONAL<br>FEE                           |           | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *                    |                                   | Minus                              | **  |   | =                 |                          | X          | 9=             |  | OR        | X\$18=              |                        |
|   | Independent   | *                    |                                   | Minus                              | **1   |   | =                 |                          | X          | 9=             |  |           | X78=                |                        |
| 1   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |                      |                                   |                                    |   |   |                   |                          |            | -              |  | OR        |                     | <u> </u>               |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                      |                                   |                                    |   |   |                   |                          |            |                |  | OR        | +260=               |                        |
| ** [  | f the "Highest Nur<br>If the "Highest Nur<br>The "Highest Num | mber Pre<br>mber Pre | viously Pa                        | iid For" IN THI<br>aid For" IN THI | S SPA                                       | ACE is less tha<br>ACE is less tha                      | an 20,<br>an 3, e | enter "20."<br>nter "3." | ADDI"      | . FEE          | propriete he                                     |           | TOTAL<br>ADDIT. FEE |                        |
|   | me mignestivum  | inai Liev            | lously raid                       | u i oi (iotalo                     | iiiue                                       | pendent) is the   | e mgm             | sat HuffiDel             | iouriu iii | uie ap         | propriate bo                                     | A III COI | uilli I.            |                        |

Application or Docket Number